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# PRACTICAL SUGGESTIONS



## A FEW IDEAS AND SUGGESTIONS

By MARY E. SCHUMACHER

Superintendent of Samaritan Hospital, Troy, New York

NURSES' cap pins have always been a source of worry to me. I have seen the point projecting at least three inches beyond the cap exposing patients (eyes especially) to severe injury. While in training I devised a pin and have had such made for my nurses. Every one in the school is obliged to wear that style of pin. We have them made in silver at a cost of about two dollars.\*

A square of gauze folded triangularly makes a very good head covering for operators and assistants. For the doctors they are folded in several layers over the forehead to absorb perspiration and are tied in the back, while for nurses the hair is covered better by tying in front. They are easily washed and ironed.

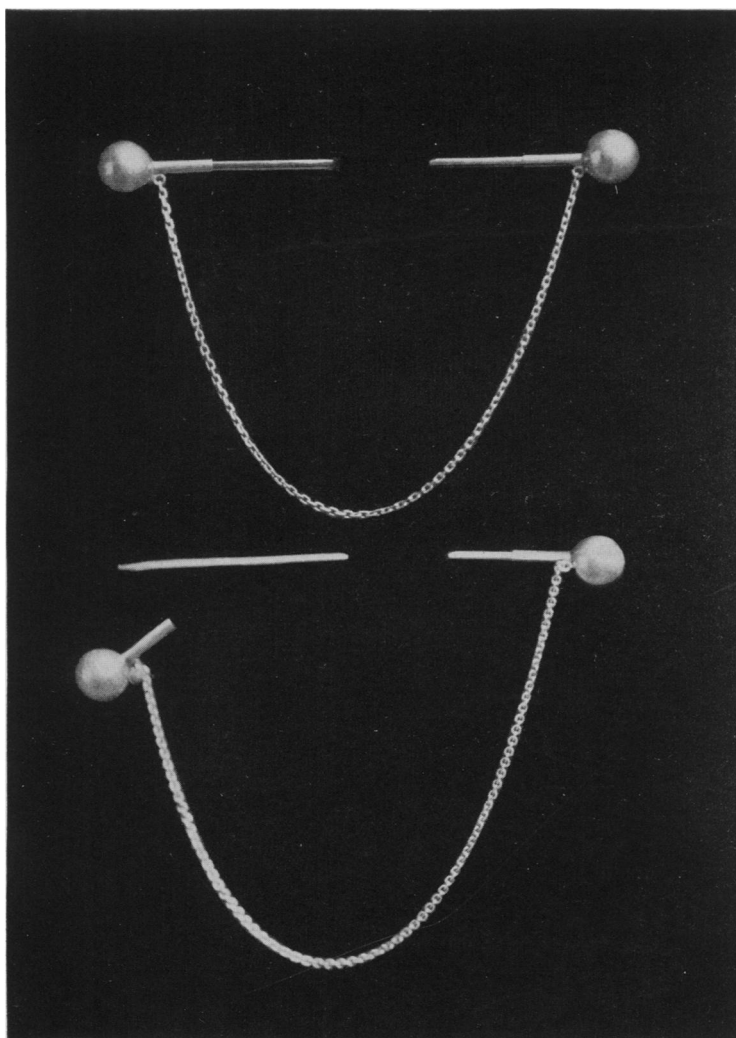
The bars of soap that have become too small to be used may be put into a wide-mouthed bottle and covered with water. Shaken up daily it makes a very good stock (we might say) for making soap suds enemas and it can be utilized in many different ways. It is a great saving where many pieces of soap are used as is the case in an institution.

Another great saving is in the use of glycerine. I have seen glycerine enemas prepared and enough mixed to answer for a half dozen enemas instead of one as intended. Mix the glycerine and water, equal parts, in a wide-mouthed bottle and fill the small syringe right from the bottle. The quantity is so small that it is not necessary to heat it. The nozzle, must, of course, always be clean.

Cold compresses one in each hand and one on the head, changed continuously for one hour, have been known to reduce the temperature in typhoid in a nervous patient better than a bath. Some patients, as we all know, do not respond well to baths and this simple remedy is worth trying especially with nervous patients.

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\* These pins can be obtained directly from Miss Schumacher at the price named.



CAP PINS



A Doctor's Head Covering.



A Nurse's Head Covering.

Nurses cannot be too careful in the feeding of helpless patients. Feed them slowly always. The food will taste better and certainly is better masticated and then far better digested. This rule should be strictly observed in the feeding of children.

You who have charge of hospitals know that the nozzles of hard rubber syringes are constantly being lost and broken. With each syringe there are a straight and curved nozzle, the straight being the one most used. If the curved one is put in cold water and allowed to boil a few seconds it can be easily straightened, giving two straight nozzles to every syringe.

A very good scheme in preparing a room in a home for operative work is to put a coat of Bon Ami over the windows. It not only prevents any one from looking in but gives a soft, good light for the operator.

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## THE CARE OF INFANTS' EYES

By MADELINE SMITH

Graduate of St. Luke's Training School, Chicago

In the days of our grandmothers I fancy that the care of the infant's eyes was begun and ended in the general bath, but in this generation the greatest watchfulness is demanded at the outset, for a perfectly healthy child, and with eyes perfectly free from infection.

In hospital practice the Credé method is probably universally used at birth, but in any event the daily irrigation of warm boric solution is considered necessary to keep the eyes in good condition.

Let us suppose that the most convenient time for irrigation is at the daily bath. I have always found it a good plan to attend to the eyes before undressing the child, and for two reasons, the hands have not come in contact with soiled clothes, and the baby has not had time to think of either being hungry or tired.

There is no need of wetting the clothing with the solution unless the baby is very restless, and the chances are that there will be an entire change after the bath.

A soft fresh towel, some absorbent cotton, sterile medicine dropper and warm sterile boric solution are all that are necessary. When these are ready and conveniently near, take the baby on the lap. The towel is placed in such a way that it will catch the solution, not allowing it to run into the ear or down the neck.

It is most important in cleansing the eyes to irrigate away from

the nose for the obvious reason that some of the superfluous solution may run from one eye to the other. To avoid this always turn the head to the right when irrigating the right eye, and to the left when irrigating the left eye.

Do not be afraid of using too much solution,—a dropper full in each eye ought not to be too much. After using a medicine dropper I think no nurse will ever return to the bad habit of using cotton which has been taken in the fingers and then dipped in solution. It ought not to be necessary to state that this can not accomplish as well the thorough flushing of the eye; moreover, there is the possible danger of infection from the hand.

After irrigating each eye, sponge around the lids with a little absorbent cotton, preferably damp, so that none of the shreds will adhere.

In the case of a mild infection, a drop of 5 per cent. argyrol after the boric irrigation is very effectual, but should not be used without the advice of a physician.

The greatest care should be exercised in treating one infected eye in order not to infect the other, and nothing which has touched the first should come in contact with the second.

Before closing these few suggestions let me ask all nurses to guard the babies under their care from strong light. When one considers the delicacy of the eye and the indifference of many people to the influence of light, is it a wonder that many children are wearing glasses?

Since writing the foregoing, a graduate nurse of experience has given me two points which have proved most helpful to her and they will no doubt appeal to many.

She has found that in irrigating a baby's eye, a small wide-mouthed bottle is better than a medicine dropper, as the solution flows with less force and is more ample. It can also be very readily sterilized. As there is a possibility of minute particles of the absorbent cotton getting into the eye, she suggests sponge cloths of old cotton or linen which have previously been sterilized.

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SOME one asked in a recent JOURNAL how to dispose of hospital refuse. We have a large fireplace built in the basement in a small room off the furnace room. The fireplace has a good draught and in it we burn everything except the kitchen garbage which a man takes away for his pigs. We find by using kerosene we can reduce almost anything to ashes, and these are sent away with the furnace ashes. We burned last year all the refuse from a hospital which had had five hundred and

thirty-six patients, almost one hundred of these having been isolated cases, making a lot of kitchen waste. We also disposed of all dressings, wet or dry, from two hundred and eighty surgical cases.

A. L. McG.

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THE use of sterile gauze over the breasts of an obstetrical patient, seems to me entirely unnecessary. In my training this was not taught, and I have been in charge of a maternity hospital for two years and do not teach this to my nurses. We use boric acid on the nipples and the babies' mouths and keep a clean towel over the breasts. If there is the slightest abrasion, we use tincture of benzoin on the nipples and the shield for nursing until the soreness has disappeared. For the babies' eyes we use 20 per cent. argyrol immediately after birth and cleanse thoroughly with boric acid when dressed. We never have had a case of ophthalmia. I wonder if antiphlogistine is commonly used for sore breasts when the milk first comes. I find it invaluable, we use it also for the occasional cases when a baby's breast is hard and sore.

OBSTETRICAL NURSE.

